

RENEWAL APPLICATION

DECONTAMINATION SPECIALIST CERTIFICATION PROGRAM

GENERAL INFORMATION

Applicant Name: _____

Employer Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

☐ Please do not put my employer name on the certificate and card.

FOR STATE USE ONLY

Test Score: _____ Pass/Fail

Fee Processed: _____

Certificate No.: DS _____

Expiration Date: _____

Is there a previous or on-going administrative action to revoke the Certification: _____

CERTIFICATION HISTORY

Please complete the following information relating to your history as a Certified Decontamination Specialist.

Certification Date: _____

Certification Number: _____

Certification Expiration Date: _____

Number of properties you assessed in Utah during the last period of Certification: _____

Number of properties you decontaminated in Utah during the last period of Certification: _____

APPLICATION FEE

A \$225.00 dollar fee must be included with this application to allow for processing. The fee is not refundable.

☐ I have included my fee with the application.

Date of Payment: _____ Amount: _____

EXAMINATION

To renew the Certification, the applicant must also successfully pass an examination administered by the Executive Secretary as specified in R311-500-5(a)(2). The passing score for the exam is 80% or greater.

☐ I have scheduled an exam date with the DEQ.

Exam Date: _____ Exam Location: _____

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HEALTH AND SAFETY TRAINING

Please document the requirements specified in R311-500-5(a)(1) and include the OSHA certification(s) as an attachment to this application. The dates below include the date the training started through the date it was completed.

TRAINING	DATES		HOURS OF INSTRUCTION
	FROM	TO	
Initial OSHA HAZWOPER Certification (29 CFR 1910.120)			40 Hours
Renewal OSHA HAZWOPER Certification (29 CFR 1910.120)			8 Hours

PERFORMANCE STANDARDS and CORRECTNESS STATEMENT

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I have read the Decontamination Specialist Certification Program rules and understand that compliance with the Performance Standards outlined in Section R311-500-8 is a condition of certification. I have not performed nor will I perform any activities that may be cause for revocation of the certificate under Section R311-500-9. I understand that submission of false or misleading information in this application or failure to comply with the applicable eligibility requirements and Performance Standards may result in denial of the application or revocation of the certificate under R311-500 and R311-501.

Signature _____ Date _____

Please return the completed application and fee to:

**Department of Environmental Quality
Division of Environmental Response and Remediation
168 North 1950 West, 1st Floor
Salt Lake City, Utah 84116
ATTN: Brownfields/Voluntary Cleanup Program Coordinator**